

Lucy Bargain
Town

Died at

Golden Hill
Month DayDorchester Co.
County
Y. M. D.

MARYLAND

Date 1903

March

Age 30

Married

Native of

Ind

Occupation

House

Female

Colored

Number of children living 3

Husband

of

Wife

Father's

Name

Jacob Bargain
Wm Ennals

Mother's

Maiden Name

Charlotta Ross

Cause of

Primary

Eclampsia

How long sick

4

Death

Immediate

Exhaustion

38

Side

Reported by

W. H. Houston M.D.

Address

Fishing Creek Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Willie Edith Burton

CERTIFICATE OF DEATH

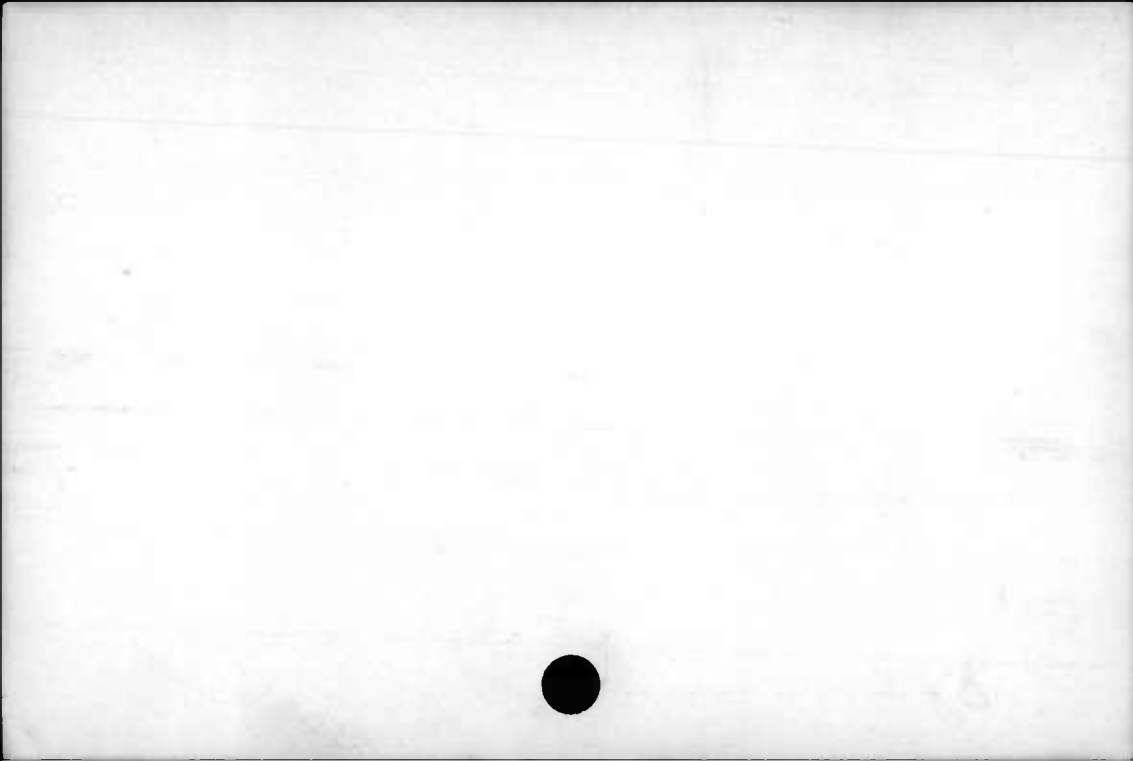
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Johesville</i> ^{Town}		<i>Shelbester</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>Mar.</i> ^{Day}	<i>20</i> ^{Years}	<i>16</i> ^{Months}	<i>7</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Anglo Saxon</i>	Birth-place <i>Md</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Oliver Guy Burton</i>					
Father's Name <i>Robert Edward Foxwell</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Sarah Jane Johnson</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Sarah J. Johnson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>3 hours.</i>
Immediate <i>Congestive heart failure</i>	How long <i>179</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. P. Jones</i>
<i>8</i>	Address <i>Craft, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at *Madison* Town *Dorchester* County *MARYLAND*

Date *1903* *Mar.* *20* Month Day Y. M. D. *4* Native of *Dor. Co. Md.* Occupation *none*

Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband
of
Wife

Father's Name *Amuel J. Chase* Mother's Name *Fannie P. Chase*

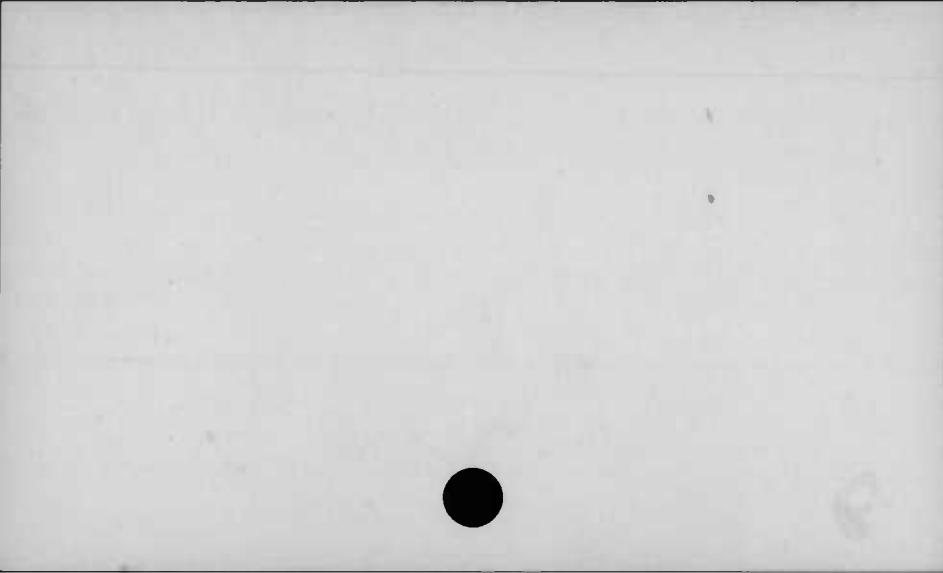
Cause of Death { Primary *Pneumonia* Immediate *93* How long sick *About one week*

~~Accident, Suicide, Homicide~~

Reported by *B. L. Smith M.D.*

Address *Madison Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles H. Collins

Died at ^{Town} Woodford^{County} Dorchester

MARYLAND

Date 1903 ^{Month} March ^{Day} 16 ^{Y.} ^{M.} ^{D.} Age 74 ^{Native of} Maryland ^{Occupation} None

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

4

Husband of Elizabeth A. Collins

Father's Name Thomas Collins

Mother's Name Susan Collins

Cause of Primary Tumor of Bladder

How long sick

Several months

Death Immediate General Exhaustion

~~Accident, Suicide, Homicide~~

Reported by B. L. Smith M.D.

Address Madison

Md. 123

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name
in
Full

CERTIFICATE OF DEATH

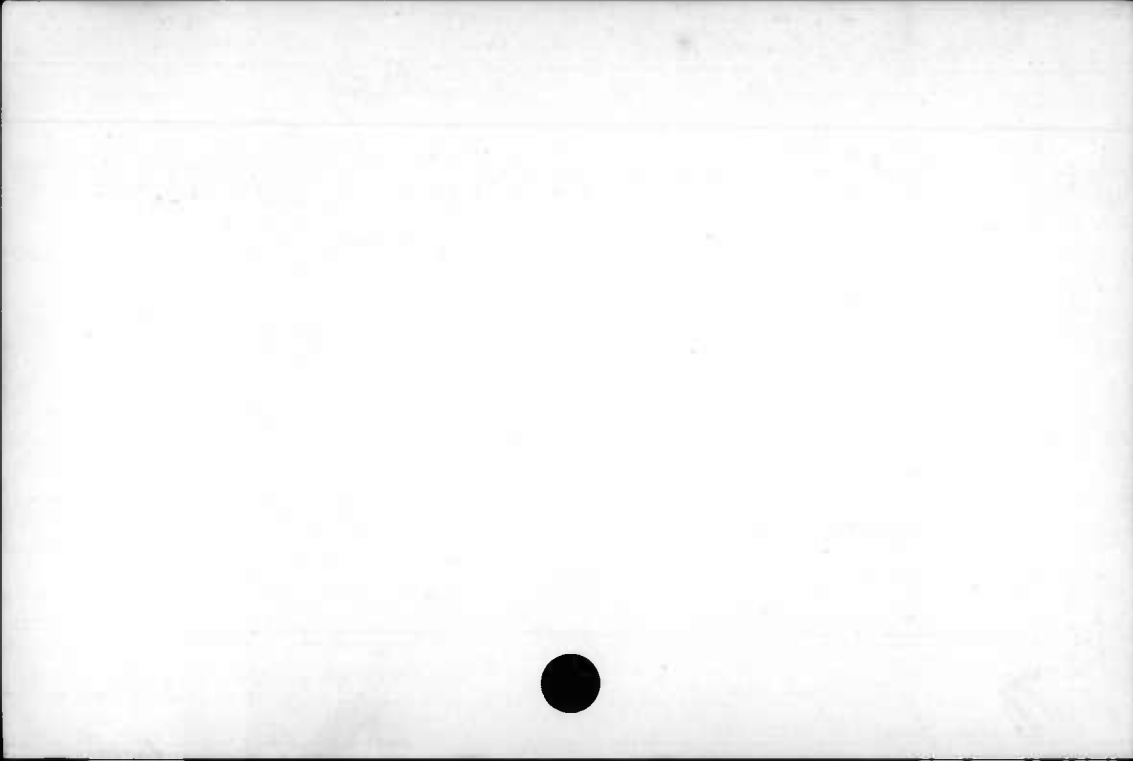
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lakesville</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>Mar.</i>	Day	<i>6</i>	Age
				<i>6</i>	Years
				<i>11</i>	Months
				<i>15</i>	Days
Sex	<i>Female</i>		Color or Race	<i>Anglo Saxon</i>	
			Birth-place	<i>Md.</i>	
Married, Single or Widowed	<i>- - -</i>		Occupation	<i>None</i>	
Name of Wife or Husband	<i>- - -</i>				
Father's Name	<i>Charles Harrison Cristofen</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Sarah Elizabeth Wooten</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Charles H. Cristofen</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Six months</i>
Immediate	<i>Meningitis</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. A. P. Jones</i>
		Address	<i>Chapt. Md</i>
Accident or Suicide?	<i>No</i>		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died <u>Mar Cambridge</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND
	Date of death 190 <u>3</u>	Month <u>3</u>	Day <u>1</u>	Age <u>84</u> ^{Years}	Months <u>4</u> Days <u>19</u>
	Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Worcester</u>		
	Married, Single or Widowed <u>Widow</u>		Occupation <u>Housewife</u>		
	Name of Wife or Husband <u>Mrs. M. Flint</u>				
	Father's Name <u>James Veighans</u>		Father's Birthplace <u>Worcester</u>		
	Mother's Maiden Name <u>Sarah Christie</u>		Mother's Birthplace <u>Pa</u>		
PHYSICIAN OR CORONER	Name of person giving information <u>Willie Stearns</u>		How related to deceased <u>Daughter</u>		
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <u>Bronchitis & paralysis</u>		How long <u>2 days</u>		
	Immediate <u>Pulmonary congestion</u>		How long <u>1 day</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Wm. Stearns M.D.</u>		
			Address <u>Cambridge Md.</u>		
<input checked="" type="checkbox"/> Accident or Suicide?					



Name in Full

Certificate of Death

Name in Full *L. L. Gillis*
 Died at *Cambridge* Town *Dorchester* County *MARYLAND*
 Date 19*03* *Mar* *13*, Month Day Y. M. D. Native of *Phil* Occupation *Laborer*
 Male ~~White~~ Merried ~~Widow~~ ~~Divorced~~
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living *five*
 Husband of *Mary Gillis*
 Wife *—*
 Father's Name *—* Mother's Name *+20*
 Maiden Name
 Cause of Death { Primary *Bright's Disease* Immediate *Uræmic Coma*
 How long sick *4 years.*
 Accident, Suicide, Homicide
 Reported by *Wilbur A. Drake, M.D.*
 Address *Cambridge Dorchester, Co.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullEmily M. ~~Gray~~ Gray

CERTIFICATE OF DEATH

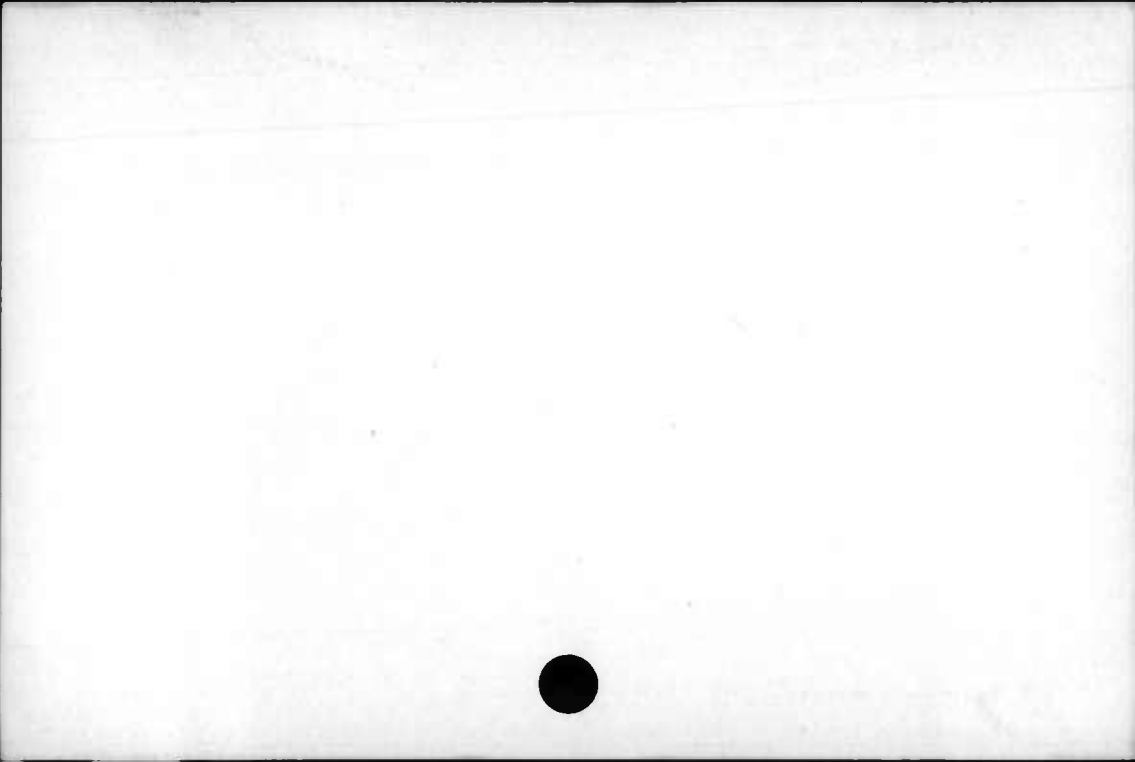
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Elliotts		Town		Dorchester		County		MARYLAND	
Date of death 1903		March		Day 31st		Age 40		Years		Months 8	
Sex Female		Color or Race White		Birth-place Elliotts		Occupation Housewife		Married, Single or Widowed Married		Name of Wife or Husband Solomon Gray	
Father's Name Calob Moore		Mother's Maiden Name Martha Cavington		Father's Birthplace Elliotts		Mother's Birthplace Naticoke		Name of person giving information L. D. Landreall		How related to deceased Resident	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Measles		How long 6		How long ten days	
Immediate		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. W. Steenes		Address Elliotts	
Accident or Suicide?							



Name
in
Full

Sarah A Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James</i> Town		<i>Bochester</i> County		MARYLAND							
Date of death	1903	Month	<i>mar</i>	Day	<i>9</i>	Age	Years <i>87</i>	Months	<i>—</i>	Days	<i>17</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Bochester Co</i>				
Married, Single or Widowed		<i>Widow</i>		Occupation		<i>Housewife</i>					
Name of Wife Husband		<i>John Hubbard</i>									
Father's Name		Father's Birthplace									
Mother's Maiden Name		Mother's Birthplace									
Name of person giving information		<i>Frank Philips</i>					How related to deceased		<i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Epithelioma of face</i>	How long	<i>12 yrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>S A Stokes</i>	
Address		<i>R. 7, B. # 5 Cambridge</i> <i>Mass</i>	
Accident or Suicide?			



Name
in
Full

Mellie L. Johnson

CERTIFICATE OF DEATH

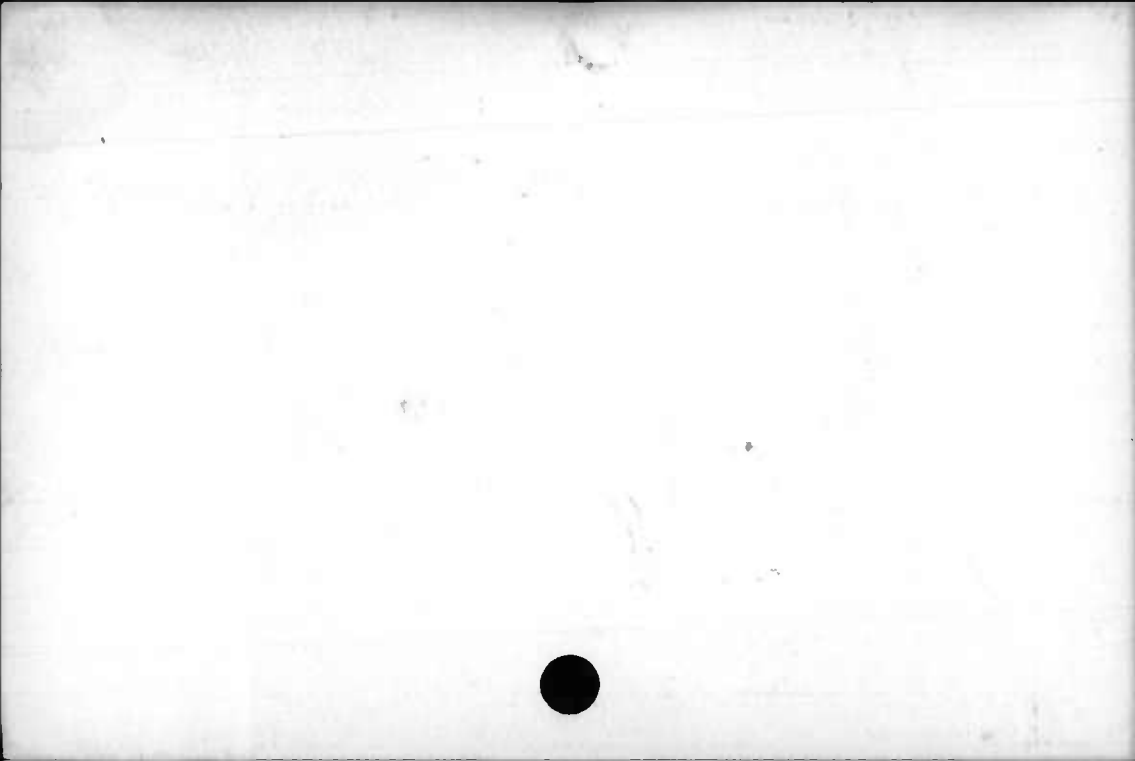
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Craps</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death 190 <i>3</i> Month <i>Mar.</i> Day <i>20</i> Age <i>7</i> Years	Months		Days		
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>—</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles Johnson</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Maria D. Bailey</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Frank H. Johnson</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. Jones</i>
	Address <i>Craps. Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Moses Manoke

CERTIFICATE OF DEATH

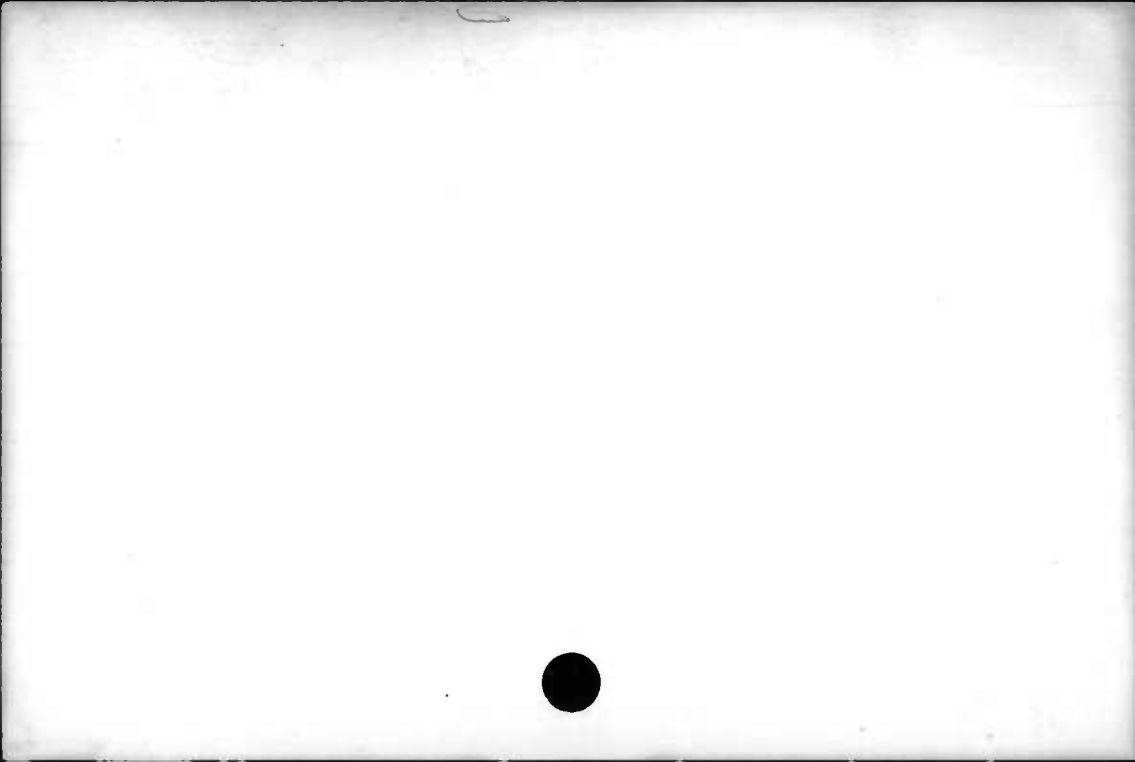
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hudson</u> <small>Town</small>		<u>Bochusen Co.</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>Mar</u> <small>Month</small>	<u>27</u> <small>Day</small>	Age <u>50</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>Negro</u>		Birth-place <u>Talbot Co Md</u>	
Married, Single or Widowed <u>Widower</u>		Occupation <u>Farm work</u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>allan Manoke</u>			Father's Birthplace <u>Talbot Co Md</u>		
Mother's Maiden Name <u>Ann Smith</u>			Mother's Birthplace <u>Talbot Co Md</u>		
Name of person giving information <u>Allan Manoke Sr</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebral embolism</u>	How long <u>3 weeks</u>
Immediate <u>Cerebral softening</u>	How long <u>1 mo</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S A Stokes</u>
	Address <u>276 #5 Cambridge</u>
Accident or Suicide? <u> </u>	



Benjamin Nichols

Town

County

Died at

Cambridge, Dorchester

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar. 28.

Age 23, 2, 19

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William Nichols

Mother's

Maiden Name

Jennie Nichols

Cause of

Primary

Acute Diphtheritic Laryngitis

How long sick

Several months

Death

Immediate

Edema of Larynx

Accident, Suicide, Homicide

Reported by

Wilton A. Drake M.D.

Address

Cambridge

Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Charles J. Nussick
 Town County

Died at

Secreston

for

MARYLAND

Date 19

03

Month

3

Day

9

Age

3 11-29

Native of

md

Occupation

child

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

John. Nussick

Annie. Whitty.

Cause of

Primary

Pneumonia Pneumonia

How long sick

one month

Death

Immediate

Heart failure & pneumonia

~~Accident, Suicide, Homicide~~

Reported by

Victor E. Hitch

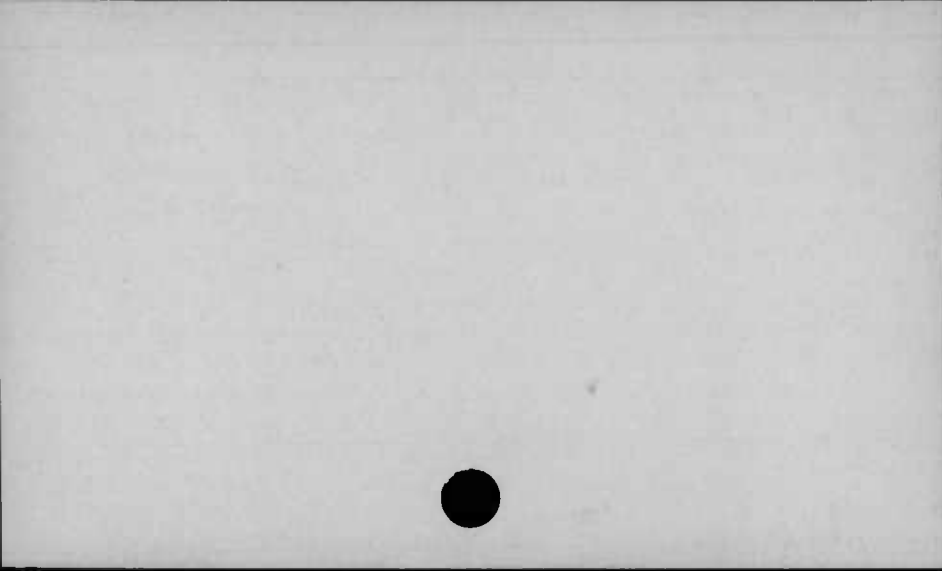
Address

East New Market

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name
in
Full

Wm H. Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death 1903	Month <u>March</u>	Day <u>18</u>	Years <u>44</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Dalbot Co Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>Farmer</u>		
Name of Wife or Husband					
Father's Name <u>Wm H. Ross -</u>			Father's Birthplace <u>Dorchester Co Md</u>		
Mother's Maiden Name <u>Shepherd Ross</u>			Mother's Birthplace <u>Caldwell Co Md</u>		
Name of person giving information <u>Mrs Jhos Hephlett</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pyo-nephritis</u>	How long <u>12 1/2</u>
Immediate <u>Due to Nephrectomy</u>	How long <u>19 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Goldsborough</u>
	Address <u>Cambridge Md</u>
Accident or Suicide?	



Name
in
Full

Geo. P. Seigman

CERTIFICATE OF DEATH

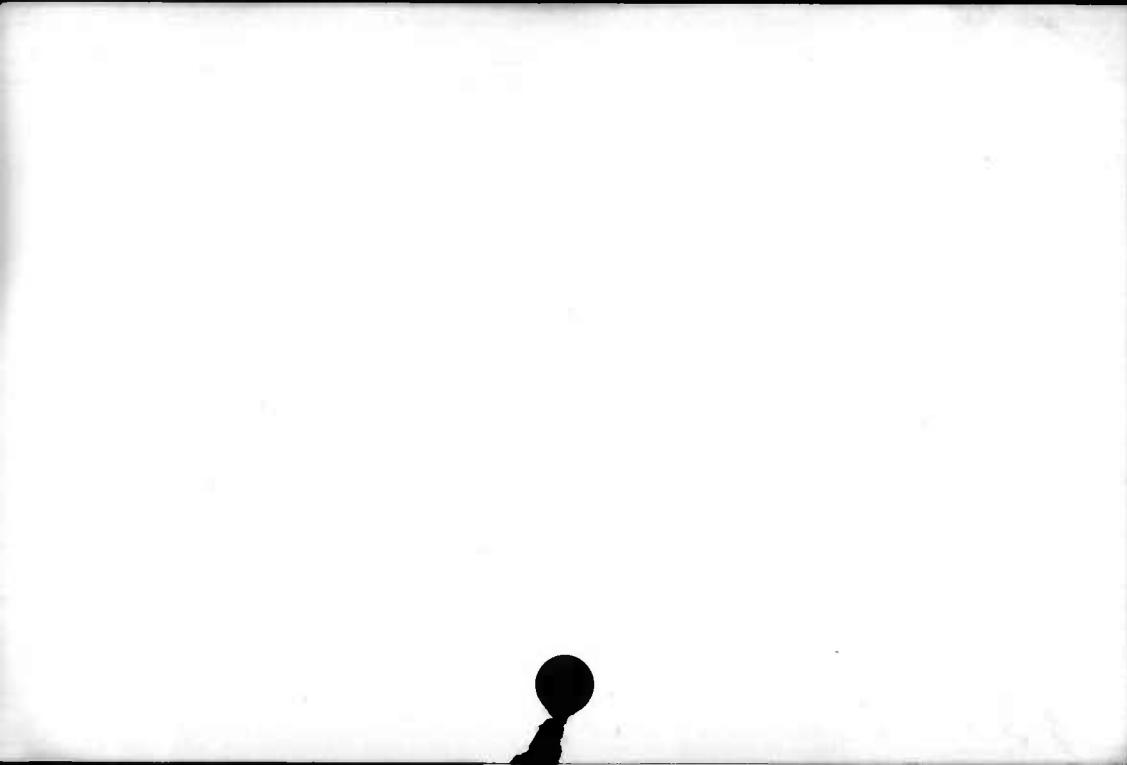
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Orchard</u> ^{County}		MARYLAND	
Date of death 1903	Month <u>March</u>	Day <u>7th</u>	Age <u>31</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>VA</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Hairer master</u>				
Name of Wife or Husband <u>not known</u>					
Father's Name <u>not known</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>not known</u>				Mother's Birthplace <u>—</u>	
Name of person giving information <u>Hospital Record</u>				How related to deceased <u>—</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Fracture at base of skull</u>	How long <u>3 days</u>
Immediate <u>Coma & exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Harry Stahl</u>
	Address <u>Cambridge Md</u>
Accident or Suicide?	



Name
in
Full

Edward Thompson

CERTIFICATE OF DEATH

Died at ^{Town} Cambridge ^{County} Dorchester

MARYLAND

Date of death 1903 Month 3 Day 27 Age 36 Years Months Days

Sex Male Color or Race Black Birth-place

Married, Single or Widowed - Occupation Laborer

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary Tuberculosis

How long

2 years

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

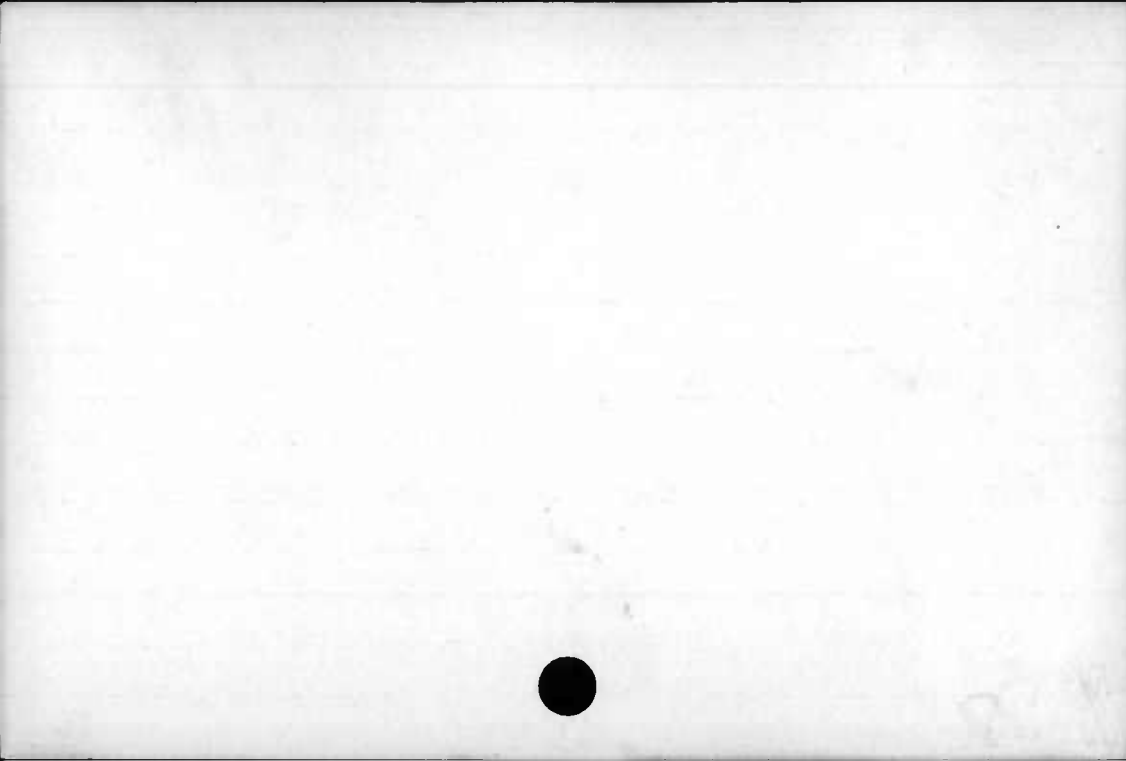
E. E. Wolff M.D.

Address

Cambridge, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Lovv B. Trice

Died at *Hurlock* ^{Town} *Dorchester* ^{County} MARYLAND

Date *1903* ^{Month} *3* ^{Day} *3* ^{Y.} *77* ^{M.} *2* ^{D.} *3* ^{Native of} *Md.* ^{Occupation} *Housewife*

~~Male~~ ^{White} ~~Female~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower ^{Number of children living} *8*~~

Husband of *Thomas A. Trice*

Father's Name *Kenley Wright* Mother's Name *Belia Wright*

Cause of Death { ^{Primary} *Grip* ^{How long sick} *10* *6 days*

Death { ^{Immediate} *Exhaustion* ^{Accident, Suicide, Homicide}

Reported by *G. A. Haefner M.D.*

Address *Hurlock* *Dorchester Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Mary Willoughby
 Died at ^{Town} East Newmarket ^{County} Soc

MARYLAND

Date 1903 3 25 Age 77-2-19 Native of Md Occupation Wife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

Husband of William Willoughby
 Wife
 Father's Name William J. Chapman Mother's Maiden Name May Anderson

Cause of Primary General debility How long sick One Year
 Death Immediate Heart failure & exhaustion Accident, Suicide, Homicide

Reported by Victor E. Hitch.

Address East Newmarket Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Woolford</u> County		MARYLAND	
Date of death 190 <u>6</u>	<u>5</u> Month	<u>17</u> Day	Age <u>—</u> Years	Months <u>1</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Cambridge Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband					
Father's Name <u>Not known</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Eva Woolford</u>			Mother's Birthplace <u>Orlando</u>		
Name of person giving information <u>Sarah L. Cornish</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>hemiplegia</u>	How long <u>all the life</u>
Immediate <u>Exhaustion</u>	How long <u>151</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Guy S. Tule</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide? <u>8</u>	

